



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name WAYNE TOWNSHIP TEAM PAC			3. Acronym or Abbreviated Name (if any) WTTTAC		
4. Mailing Address (Address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address 8638 CRESSMOOR CT			5. E-mail Address (Optional) L836@AOL.COM		
6. City INDIANAPOLIS	State IN	ZIP Code 46234	7. FAX (Optional) ()	8. Telephone (317) 2812862	9. Committee Organization Date (MM-DD-YY) 06-08-10
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus. SUPPORT REPUBLICAN CANDIDATES					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. WAYNE TOWNSHIP GOP CLUB 8638 CRESSMOOR CT INDIANAPOLIS, IN 46234			14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					

16. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson DENNIS PAPERMEIER			17. E-mail Address (Optional) DGPINDY@GMAIL.COM		
18. Mailing Address <input type="checkbox"/> Check if this is a new address 1238 N. TIBBS AVE.			19. Telephone (Day) (317) 6942881		20. Telephone (Evening) (317) 2430107
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer LYNN MCWHIRTER			22. E-mail Address (Optional) L8638@AOL.COM		
23. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 8638 CRESSMOOR CT INDIANAPOLIS, IN 46234			24. Telephone (Day) (317) 2812862		25. Telephone (Evening) (317) 2812862
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian LYNN MCWHIRTER			27. E-mail Address (Optional) L8638@AOL.COM		
28. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 8638 CRESSMOOR CT INDIANAPOLIS, IN 46234			29. Telephone (Day) (317) 2812862		30. Telephone (Evening) (317) 2812862
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) BMO HARRIS					

SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer LYNN MCWHIRTER	Signature of the Committee Chairperson
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SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.		FOR OFFICE USE ONLY FILED OCT 15 2014
34. Typed or Printed Name of Treasurer LYNN MCWHIRTER	Signature of Treasurer Date (MM-DD-YY) 10/15/2014	

SECTION D. CERTIFICATION OF STATEMENT

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.		
35. Typed or Printed Name of Chairperson DENNIS PAPERMEIER	Signature of Chairperson 	Date (MM-DD-YY) 10/15/14
Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)		